

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33270

State File No.

FILED OCT 8 1952

318

1003 Registrar's No. 8467

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8467		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				a. STATE MISSOURI b. COUNTY ST. LOUIS				
c. LENGTH OF STAY (In this place) 2 WEEKS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOHNS ? 4001				
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL				d. STREET ADDRESS (If rural, give location) 9000 PALLARDY LANE				
3. NAME OF DECEASED (Type or Print) ELWOOD KALEY NEEDY			a. (First) ELWOOD b. (Middle) KALEY c. (Last) NEEDY			4. DATE OF DEATH (Month) (Day) (Year) SEPT 7 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV 24 1905		
9. AGE (In years last birthday) 46		If UNDER 1 YEAR Months Days		If UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST			10b. KIND OF BUSINESS OR INDUSTRY SELF			11. BIRTHPLACE (State or foreign country) PILOT GROVE MO		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME HOLLAND NEEDY		13b. MOTHER'S MAIDEN NAME SARAH KALEY		14. NAME OF HUSBAND OR WIFE LUCILE NEEDY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCILE NEEDY 9000 PALLARDY			
MEDICAL CERTIFICATION								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) Coronary arterio-sclerosis 2 yrs.	
		DUE TO (c) Cholecystitis with cholelithiasis 2 yrs						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from April 1952 to 7 Sept 1952 , that I last saw the deceased alive on 7 Sept 1952 , and that death occurred at 11 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Richard A. Jones M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9 Sept 52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE SEPT 10 1952		24c. NAME OF CEMETERY OR CREMATORY PILOT GROVE MO		24d. LOCATION (City, town, or county) (State) PILOT GROVE MO		
DATE REC'D BY LOCAL HEALTH DEPT. SEP 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Earl Hillman		ADDRESS Orland Missouri		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Earl L. Shelman

Licensed Embalmer No.

3501

P. O. Address.....

Oreland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.